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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone

: (850)656-7956

Fax Number

: (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION AEDROTEC, INC.

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JUN 2 6 2018

S. YOUNG

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: AEDROTE			
(Name of Corporation) DOCUMENT NUMBER: F17000000229				
The e	nclosed Resignation of Regi	stered Agent for a Corp	poration and fee are submitted for f	iling
	e return all correspondence o			iung.
			Ü	
	(Name of Pe	rson)		
INC	ORPORATING SER	VICES, LTD		
	(Name of Firm/C			
350	0 S DUPONT HWY	,		
	(Address)		
DOV	/ER, DE 19901			
	(City/State and Z	ip Code)	_	
For fu	rther information concerning	this matter, please call	l :	
		₈₁ (800	346-4646	
	(Name of Person)	(Area Co	346-4646 de & Daytime Telephone Number)	
Enclos or \$35	sed is a check made payable .00 for an administratively d	to the Florida Departme issolved, voluntarily di	ent of State for \$87.50 for an activ ssolved or withdrawn corporation.	e corporation
Amena Division Cliftor 2661 E	Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301	Mailing Address: Amendment Section Division of Corporat Post Office Box 632 Tallahassee, FL 3231	ions 7	

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD.
(Name of Registered Agent)
hereby resigns as Registered Agent for AEDROTEC, INC.
(Name of Corporation)
F1700000229
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
If signing on behalf of an entity:
AMY BALKE
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314